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APPLICANTS Joseph A. Sniadach, Baltimore, MD; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ** ** 09/07/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY MD	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
ADDRESS J. BRUCE HOOFNAGLE P.O. BOX 370 LISBON ,MD 21765-0370					
TITLE DOUBLE BARREL VENTILATION MASK FOR A PATIENT					
FILING FEE RECEIVED 958	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		